

OFFICE OF THE OMBUDSMAN

Mission

The primary mission of the Office of the Ombudsman is to provide Medi-Cal beneficiaries with information about Medicaid (referred to as Medi-Cal in California) Managed Care that will improve their access to health care, help them navigate through a managed care health delivery system, and resolve issues with their health plans.

Health plan members who have been attempting to obtain services from their health plan, but who have been unsuccessful or dissatisfied with the services received, may call the Office of the Ombudsman for assistance toll-free at (888) 452-8609 between 8 a.m. and 5 p.m. Monday through Friday, excluding holidays.

Objectives

The role of the Office of the Ombudsman is to empower beneficiaries to exercise their rights and responsibilities as members of a managed care health plan. The primary objectives will be to:

- Encourage beneficiaries to take advantage of the opportunity to obtain quality health care through Medi-Cal managed care health plans;
- Assist in removing inappropriate barriers beneficiaries face in accessing care;
- Demonstrate a respect for beneficiaries and their perspective of their health care needs;
- Educate and sensitize managed care plans to the specific needs of Medi-Cal beneficiaries; and
- Help beneficiaries effectively navigate through the managed care system.

Responsibilities

In addition to investigating and resolving disputes, the Office of the Ombudsman is responsible for providing information and assisting managed care plan members in an efficient and timely manner. The Office of the Ombudsman will accomplish this task by:

- Effectively communicating and serving as a mediator on behalf of the Medi-Cal beneficiary to obtain all medically necessary covered services for which a plan is contractually responsible;
- Ensuring prompt resolution of problems, questions and disputes from beneficiaries, health plans, county representatives and other interested parties on issues of enrollment/disenrollment, medical coverage and other benefits, and other issues of concern; and
- Monitoring disputes to verify that resolution of the issue has occurred and to assure that everything reasonably possible has been done.

For more information, contact the Office of the Ombudsman toll-free at (888) 452-8609

FAIR HEARING REQUESTS

As a person applying for or receiving public assistance in California, you have the right to appeal any decision on your eligibility, benefits or service plan.

If you don't agree with an action on your application, public assistance benefits or service plan, you have the right to request a State Hearing before an Administrative Law Judge. YOU MUST MAKE YOUR REQUEST FOR THE STATE HEARING WITHIN 90 DAYS (NOT THREE MONTHS) OF THE COUNTY'S OR YOUR HEALTH PLAN'S ACTION. You may ask for a State Hearing even if you have already filed a complaint with your health plan. The 90-day period begins to run from the date of the Notice of Action (NOA) letter mailed by the county or your health plan.

To request a State Hearing, call the California Department of Social Services toll-free at (800) 952-5253. If you are hearing or speech impaired, call TDD at (800) 952-8349.

You can also request a State Hearing by writing to:

State Hearings Division
P.O. Box 944243, MS 19-37
Sacramento, CA 95814

The State Hearing will be conducted by an Administrative Law Judge from the California Department of Social Services. You may represent yourself at the State hearing or give written notice for a relative, friend or attorney or someone else to go on your behalf, and you may bring others to represent you as witnesses

For more information on State Hearings, call the California Department of Social Services toll-free at (800) 952-5253.